MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 2774 STATE FILE NUMBER 63-038248

FILED SEP 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	INSTEAD OF	SHOULD READ	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT
1	4005			
2	4000			
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9	7716 X			
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13				

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Heights
Length of stay in 1b: 7 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St Marys Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Fenton
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 211 Rudder La.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Baby Middle: — Last: Coffmann

4. DATE OF DEATH: Month: Sept Day: 5 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐ Baby

8. DATE OF BIRTH: 9-5-63

9. AGE (last birthday): —
IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HR: Hours: 7 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nil

10b. KIND OF BUSINESS OR INDUSTRY: Nil

11. BIRTHPLACE (City and state or country): St Louis Co. Mo.

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: Herchell Coffmann

13b. MOTHER'S MAIDEN NAME: LaVerne Richter

14. NAME OF HUSBAND OR WIFE: Nil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of servi): —

16. SOCIAL SECURITY NO.:

17. INFORMANT: LaVerne Coffmann
Address: 211 Rudder La Fenton Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Prematurity & Immaturity
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature birth
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/5/63 to 9/5/63 and last saw him alive on 9/5/63
Death occurred at 1:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John B. Summers, M.D.

22b. ADDRESS: #16 Hampton Village Pl. St. Louis

22c. DATE SIGNED: 9/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept-6-63

23c. NAME OF CEMETERY OR CREMATORY: New St Johns Cem.

23d. LOCATION (City, town, or county) (State): Mehlville Mo

24. FUNERAL DIRECTOR ADDRESS: Fey Funeral Home Mehlville Mo

25. DATE RECD. BY LOCAL REG.: 9-6-63

26. REGISTRAR'S SIGNATURE: John G. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed No EMBALMING. _____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.